

County of Los Angeles – Department of Mental Health SA2 Children’s QIC

August 20, 2020

Agenda

1:30 – 1:40 Introductions/Announcements/Minutes Michelle Rittel
1:40 – 3:25 Report from DMH QI/QA Michelle Rittel

QI

- EQRO
- Stakeholder Engagement Project LyNetta Shonibare – DMH QID
- Annual Report on Quality Improvement LyNetta Shonibare – DMH QID
- CPS – Spring 2020 Summary Report
- CAPP (Parent Partner meeting)

QA

- Audits - None
- State DHCS Updates
- Training & Operations: Training Modules, LE Chart Reviews
- Policy and Technical Development: Clinical Forms Bulletin, ICC, IHBS & TBS Update, TCM Update, Org Manual Update, COVID-19 Telehealth Update, DO Chart Reviews, QA & PRO Update, DO Training Webpage, Network Adequacy/Access to Care, QA Bulletins

3:25 – 3:30 Suggestions for Next Meeting/ Host for Next Meeting

Contact: Michelle Rittel: Office – (818) 610-6737
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Next Meeting:

Thursday, October 15, 2020

Location: Online - Teams

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Children’s QIC Meeting
QUALITY IMPROVEMENT COMMITTEE MINUTES

Type of Meeting	SA 2 Children’s QIC	Date	August 20, 2020	
Place	Online – Teams Meeting	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chairs	Alex Medina and Angela Kahn			
Members Present	Anabel Aispuro, Ariel Landrum, Cassie Lopez, Cheryl Davis, Christine Pina, Cindy Luna, Danielle Price, Diana Dawson, Edith Pena, Esther Lee, Harmony Vezina, Honey Hira, Iliana Martinez, Ingrid Rey-Balbuena, Jennifer Palma, Jennifer Roecklein, Judy Cardona, Karina Krynsky, Katherine Smith-White, Kaylee Devine, Kimber Salvaggio, Lance Lenford, Laura Padrino, LyNetta Shonibare, Maggie Holland, Marina Ekart, Mark Rodriguez, Michelle Barajas-Sanchez, Michelle Rittel, Michelle Wells, Minoo Amini, Nely Meza, Robin Washington, Stephanie Yamada, Tiger Doan, Tyler London, Tanya Khanjian Stevens, Vicky Rivera, Vicky Shabanzadeh, Wendy Salazar			
Absent Members	Adik Parsekhian, Alex Medina, Aminah Ofumbi, Angela Kahn, Angie Sanchez, Arezoo Masjedi Esfahani, Danielle Norman, Freda McGovern, Gina Leggio, Gurudarshan Khalsa, James McEwen, James Pelk, Jenny Sanchez, Lorena Chavez, Martha Basmadjian, Michele Burton, Michelle Chitel, Michelle Silvestre, Pilar Navarro, Tim Petersen, Zeena Burse			
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date	
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. Just a reminder that all providers need to have someone attending the SA QIC at least quarterly. If you also have adult services, you could attend Child or Adult or both.			
Review of Minutes: Michelle Rittel	Minutes from June 18, 2020 meeting were previously emailed for review and approved in the meeting.			

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
<p>DMH QIC Meeting Report: Michelle Rittel</p>	<p>EQRO: Reminder that EQRO is the week of 9/28/20. SA2 & 5 are the 2 SAs selected. They will focus on Access to Care during COVID-19. We will be asking for staff, clients and caregivers to participate. More information is coming as we get closer.</p> <p>LyNetta Shonibare of DMH QID presented on the Stakeholder Engagement Project. This was an EQRO recommendation from last year. The project is improving the reporting and distribution of client/family satisfaction data. The goal is to make data reports more user friendly and align with client/family concerns. The objectives are to solicit input from stakeholders attending CCC, SALT and QIC meetings in July and August 2020 and to administer the “Feedback on Reporting Client/Family Satisfaction Data” survey and analyze results. This will be an ongoing process of continuous quality improvement.</p> <p>Patient’s Rights Office: No update</p> <p>Cultural Competence Updates: No Update</p> <p>Compliance, Policy & Audit Services Update: No Update</p> <p>CPS (Consumer Perception Surveys): Spring 2020 Summary Report – 259 sites participated, 78% of selected sites. The majority of sites, almost 70%, chose to do only electronic surveys. 69% electronic only, 18% both paper and electronic, 15% paper only. SA2 had 2579 electronic surveys sent and 1034 declined. Overall, 11,858 electronic surveys were submitted and 1,837 paper surveys were completed (2,982 paper total). But 22,191 links were sent to consumers, so many</p>		

<p>Departmental QIC Meeting Report, contd.: Michelle Rittel</p>	<p>surveys weren't completed. The breakdown by survey type was Family 44%, Adult 34%, Youth 16% and Older Adult 5%. There will be a survey for providers asking for feedback. DMH has been assigned a developer to build our own electronic survey system for Fall 2020.</p> <p>DMH QA is working on taking reporting to various audiences, particularly one-page handouts for consumers that give a very brief overview of survey findings. There is one for each version of the survey (adult, OA, Youth, Family) focused on the number of consumers who submitted a survey, top 2 rated items, bottom 2 rated items, race/ethnicity/language demographics. The handouts were presented onscreen. They are asking for feedback on the handouts and plan to create versions in multiple languages, especially Spanish and post on the website on a subpage focused on consumer satisfaction. They also want to make the website more friendly to consumers. Feedback is welcome.</p> <p>QID Updates: Annual Report on Quality Improvement – presentation by LyNetta Shonibare of DMH QID. The Quality Improvement Work Plan, although delayed, is now finalized. It will be available online shortly. The report is divided into 4 sections: Overview of Quality Improvement, Population Needs Assessment, Goals Evaluation from prior year, New Goals for this year. Focus of the Work Plan evaluation report is on Access, Service Delivery Capacity, Timeliness, Beneficiary Satisfaction and Quality of Services. All of the goals and activity are frames on those areas. In 2019, 16 of 21 goals were met, 2 goals not met and 3 goals could not be rated. QID has tried to make the report more action oriented, so each goal has several objectives listed. Goals include: Service Delivery Capacity – targeting Hispanic/Latinx/API communities for better outreach/services, Telemental Health Program, Monitoring Access to Care, Improving CPS Collection Process, Tracking Grievances, Appeals and Requests for Change of Provider – working on improvements with Patients' Rights Office, Maternal Mental Health, Continuity of Care – improving monitoring of medication for both Directly Operated and Legal Entities, Concurrent Review of Treatment Authorizations for Inpatient Hospital Services, and</p>		
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Performance Improvement Projects.

CAPP: The CAPP meeting is back. It is an online Teams meeting on the third Tuesday of the month, 11am-1pm. They just met 2 days ago. All Parent Partners are strongly encouraged to attend.

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Assurance (QA)			
<p>Departmental QA Meeting Report: Michelle Rittel</p>	<p>Audits: None scheduled.</p> <p>Medi-Cal Certification Section: No Update</p> <p>State DHCS Updates: 2 items in development from DHCS – Mental Health Professional License Waiver update to state eligibility requirements for securing a professional license waiver. Spravato – treatment for treatment resistant depression in adults. It requires 2 hour observation period and there is a new procedure code, H2010HEHK.</p> <p>CalAIM – DHCS has postponed this in order to effectively address COVID-19 and will seek approval of proposals at a later date, tentatively planned for effect 1/1/22.</p> <p>1915b Specialty Mental Health Waiver – DHCS received a temporary 6 month extension – expires 12/31/20 – and seeking additional 12 month extension – expires 12/31/21.</p> <p>1115 Waiver – Whole Person Care and DMC-ODS – DHCS seeking 12 month extension.</p> <p>Training and Operations: General Documentation and Claiming training modules available. 2 links on the webpage – Training for Directly Operated Providers Using IBHIS and General Training for Legal Entities & Juvenile Justice/Halls/Camps.</p> <p>Resuming Legal Entity Chart Reviews – DMH QA is currently reaching out to LEs to coordinate dates. Updating forms to incorporate adjustments made for the remote process. Options</p>		

<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p>	<p>and date for submission of documents for review, dates of review, availability of LE staff for assistance.</p> <p>Policy and Technical Development: Clinical Forms Bulletin 20-02 – Bulletin was reviewed. Effective 7/1/20 – Notice to Psychotherapy clients for BBS (MFT, MSW/LCSW, LPCC). Other disciplines have their own forms and should refer to their Boards. There are 2 forms, licensed and unlicensed, and they have been translated. Forms are for Directly Operated programs and will be developed in IBHIS for completion of attestation. For now, they should be done on paper and scanned into the system. For LEs, this is Ownership, so you have to follow the law and decide how to implement.</p> <p>ICC, IHBS & TBS updates – Policy is coming soon. ICC must be available to EBSDT clients who require intensive TCM services and have need for cross agency collaboration. All providers will be expected to provide ICC if they provide TCM. Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) & Therapeutic Foster Care (TFC) will require pre-authorization. There are new forms – ICC Eligibility form – provider to determine when ICC would be appropriate and the IHBS Supplemental Assessment – provider to submit to DMH to request pre-authorization. Currently in development are a QA Bulletin, ICC Online Training module, IHBS & TBS pre-authorization procedure. They should be ready in the next 1-2 months.</p> <p>As a result of plan of correction, there are updates to TCM and a policy is coming soon. For clients receiving TCM, a Needs Assessment must be completed annually. QA is looking at existing and potential new forms to address this requirement. For children, looking at using the CANS, given it’s already in use. Should have a draft and policy by next month.</p> <p>Org Manual Updates – Removal of included diagnosis list. Modification of Triage language – Triage cannot be used to establish Medical Necessity. Addition of requirement to issue NOA or NOABD when client doesn’t meet Medical Necessity. Addition of IHBS requirement to be renewed every 6 months. Modification of TBS requirements to be renewed every 3 months to every 6 months. Modification of ICC & IHBS</p>		
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Departmental QA Meeting Report, contd.:

Michelle Rittel

language to be consistent with DHCS manual language. Addition of TFC services. Requirement for pre-authorization of IHBS, TBS & TFC. Removal of MHS concurrent authorization requirement for clients receiving DTI/R.

COVID-19 Telehealth Updates – Prescribing – for prescribing controlled substances you need 2 way audio/visual real time communication (face to face). For additional information, refer to DEA or Chief Pharmacist. Out of State – if the client is out of state, you have to refer to that state’s laws re: service provision by licensed staff. FAQ is coming. Practitioners may provide telehealth from out of state – must be licensed in CA. Billing Provider – dependent on where the practitioner is assigned to work.

Chart Reviews – will start chart reviews with Directly Operated providers, starting with one provider/month.

QA & Patients’ Rights – Notices of Adverse Benefit Determinations (NOABD) will replace NOAs currently in use – tentative for September. They are looking at a way for LEs to submit electronically from their EHRs or into an application. LEs must use the template provided by DHS and in addition provide “Your Rights” handout. NOABD must be issued when fail to provide services. Grievance & Appeal – PRO is working with CIOB to finalize new application. Change of Provider – DO are using the application. PRO is working with CIOB to build the application for LEs.

Training - Training Webpage for DO providers is now available. Online training modules are grouped by discipline – psychotherapists, case managers, prescribers and non-prescribing/furnishing medical practitioners. There are new links available – training evaluation, treatment and progress notes for psychotherapists, treatment and progress notes for case managers, Introduction of IBHIS (prescriber views) & Documentation, Assessing, Planning, Prescribing & Treating (prescribers). Coming soon – understanding Medical Necessity and completing a needs evaluation (for case managers). Also coming up – modules specific to nursing staff and Crisis Intervention module.

Departmental QA Meeting Report, contd.:
Michelle Rittel

Network Adequacy/Access to Care: Reminders/Updates – SRTS records need to be addressed timely. SRL/CSI webinar and FAQs for LEs will be sent out soon. Training modules for Network Adequacy/Access to Care ETA October. Practitioner registration within NA application for contractors – ETA September/October – will include ability to identify if accepting new beneficiaries at the population level (for all providers). SRTS update – New application ETA October. Beginning in September, QA unit Policy & Technical Development Team will begin monitoring access to care across all providers. Metrics being monitored – NOAE (will become NOABD Timely Access Notice) Issuance – ensuring NOAEs are given to client when offered appointment is not timely; must be given to client or if client prefers, can be sent electronically. Data Quality – dispositions entered timely in SRTS, for DO – SRL records in IBHIS are finalized, for LE – SRL webservice records are submitted timely. Timeliness – routine (10 business days), Urgent (48 hours), Hospital Discharge/Jail Release (5 business days). Benchmarks are Good, Fair, Weak & Concern. Good – 80%+ are timely, Fair – 70-79% are timely – Notification email sent to Program Manager (DO) and QA Rep (LE) – email will say “noticed you are in this range, wanted to bring it to your attention; please let us know if we can assist – cc: CMMD & DO Lead & Child Welfare Lead (if applicable). Weak – 60-69% timely – notification email and will need to complete template – internal/external issues – identifying issues/action plan – like plan of correction. Concern – Below 60% - notification email, complete template and also schedule a discussion with QA and those on the email cc. Notification emails will be weighted on size of provider, duration of being at or below that percentage, how far off in the appointment timeliness (eg 12 days vs 10 days), number of referrals (eg 5 or 50), acuity of beneficiaries (urgent, discharge from hospital/release from jail). Monitoring is quarterly and will begin in September, reviewing data from May-July. Next review in November for July- September.
Upcoming QA Bulletin – in September – Access to Care.

Departmental QA Meeting Report, contd.:
Michelle Rittel

Expectations and updates related to Access to Care policies – providers must notify DMH in advance of inability to serve routine clients – must notify Service Area District Chief and Lead Contract Monitor in advance. The NA application must immediately be updated when you are no longer able to accept clients. Providers must make every effort to accept acute and priority clients. Providers may only refuse to provide clients with specific services they are certified to provide only after having completed an assessment of the client and with appropriate clinical justification.

NAS- Currently, Accepting New Beneficiaries is under Accessibility in NAS and is a Y/N question. ETA October – Identifying Accepting New Beneficiaries for each population served, so be sure to update your programs. Only 32 of 52 CalWorks programs are identified in NAS. As of 8/7/20, 42 locations show not accepting new beneficiaries, down from 48 last time. Reminder – enter NAS contacts, at least 2 for each site. 70 LE and 94 DO providers have not designated contacts in NAS. NAS is being updated to include practitioner registration & maintenance (PRM) data from contractors. You will no longer use PRM – all information to be entered into NAS. They have created a crosswalk to minimize the fields staff have to enter – will only enter 2 fields – Category & Taxonomy Disciplines – instead of 6.

QA Bulletins: 20-03 – Updates to Included & Allowable ICD 10-CM Diagnosis Lists – key updates – using Z03.89 instead of R69 when in process of determining diagnosis. Per DHCS, R69 is not in DSMV and should not be used. Z03.89 is not an included diagnosis and cannot be used for non-assessment/CI services. F84.0 Autistic Disorder added as included diagnosis for OP and Day Services – it covers the entire spectrum of pervasive developmental disorders. DSMV no longer has discreet diagnoses. If you can treat it, treat it. If you can't treat it (eg. needs ABA) – refer out to Regional Center/Managed Care. DMH Key Updates – Moving the Included Diagnosis list out of the Org Manual – it will be posted separately online and

<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p> <p>Suggested Items for Next Meeting:</p> <p>Handouts:</p>	<p>will be easier to access. QA is posting a link, LE providers are to update from the link and DO will be in IBHIS which will be automatically updated, to CMH diagnosis codes instead of posting an “allowable” list. More diagnosis code updates from CMH to come 10/1/20.</p> <p>20-04 – Central QA/QI Meeting – Bulletin was reviewed. All providers were encouraged to attend the Central QA/QI meeting.</p> <p>Health Information Management (HIM): No Update</p> <p>There were no suggestions.</p> <p>Clinical Forms Bulletin 20-02 – Notice to Psychotherapy Clients MH 740 Notice to Psychotherapy Client for Licensed Registered Staff MH 740K Notice to Psychotherapy Client for Licensed Registered Staff – Korean MH 740S Notice to Psychotherapy Client for Licensed Registered Staff – Spanish MH 741 Notice to Psychotherapy Client for Unlicensed Unregistered Staff MH741K Notice to Psychotherapy Client for Unlicensed Unregistered Staff – Korean MH 741S Notice to Psychotherapy Client for Unlicensed Unregistered Staff – Spanish QA Bulletin 20-03 – Updates to Included & Allowable ICD 10-CM Diagnosis Lists QA Bulletin 20-04 – Central QA/QI Meeting</p>	
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Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Next Meeting:	Thursday, October 15, 2020 1:30-3:30pm Location: Online – Teams Meeting		

Respectfully submitted,

Michelle Rittel, LCSW